

# STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of

DECISION

MNP/157907

# PRELIMINARY RECITALS

Pursuant to a petition filed May 21, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03, to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on October 08, 2014, at Milwaukee, Wisconsin.

The issue for determination is whether payment for Petitioner's hospitalization in early 2014 was correctly denied by the Wisconsin Medicaid BadgerCare+ Core Plan because it was coded as a substance abuse related hospitalization.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



#### Respondent:

Department of Health Services 1 West Wilson Street, Room 651 Madison, Wisconsin 53703

By: Peter Pavich

Division of Health Care Access and Accountability Madison, WI

ADMINISTRATIVE LAW JUDGE:

David D. Fleming Division of Hearings and Appeals

#### **FINDINGS OF FACT**

- 1. Petitioner (CARES # ) is a resident of Milwaukee County.
- 2. Petitioner was certified for the BadgerCare+ Core Plan at all times relevant here though the program ended as of April 1, 2014.

3. Petitioner was hospitalized from February 27 through March 3, 2014 at Hospital in Milwaukee.

4. The hospital billed the Medicaid/BadgerCare+ Core program with the coding on the billing indicating that the hospitalization was substance abuse related. The claim was denied as the BadgerCare+ Core program does not cover inpatient substance abuse treatment. The exact code was submitted after the hearing – it was # 2913 and the description for that code is "alcohol hallucinations".

### **DISCUSSION**

Petitioner had been receiving Medicaid under the BadgerCare+ Core Plan (BCC), which expanded medical assistance coverage to persons between 18 and 64 years old whose income is less than 200% of the federal poverty level and who do not have any children under 19 years old. BadgerCare Plus Eligibility Handbook (BEH), § 43.2. The program ended as of April 1, 2014. See BEH, §43.1.

The issue here is whether the Core program correctly declined to pay for the early 2014 hospitalization because it was coded as substance abuse treatment. The Department is correct – substance abuse treatment was not a covered service under the BadgerCare+ Core Plan. *BEH 43.12; with link to coverage chart. Release 14-01 which indicates that Release 12-02; effective July 1, 2012 was still in effect at the time relevant here. Found at http://www.dhs.wisconsin.gov/publications/P1/p10171-14-01.pdf.* 

Petitioner argues that the hospitalization was caused by his implantable cardioverter-defibrillator (ICD) misfiring. He notes that he had stopped drinking 8 hours prior to admission.

I am sustaining the Department denial of the requested coverage. The Department witness testified that the coding on the billing was that the hospitalization was inpatient substance abuse treatment. Though Petitioner argues that the coding is incorrect, the Department does not do the coding. And this is not to say that the hospital incorrectly coded the service – the Division of Hearings and Appeals does not have such authority. It is, however, notable that the medical records submitted by Petitioner indicate that he was going through alcohol withdrawal and had not been medication compliant for several days. Upon admission an aggressive CIWA (related to an aalcohol withdrawal assessment scoring) protocol was put in place.

#### **CONCLUSIONS OF LAW**

That the Department correctly declined payment for Petitioner's February 27, 2014 to March 3, 2014 hospitalization as it was coded as substance abuse treatment and that is not a covered service under the BadgerCare+ Core Plan.

#### THEREFORE, it is

#### **ORDERED**

That this appeal is dismissed.

#### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

## **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee, Wisconsin, this 21st day of October, 2014

\sDavid D. Fleming
Administrative Law Judge
Division of Hearings and Appeals



# State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on October 21, 2014.

Division of Health Care Access and Accountability